

EDUCATION AND TRAINING VOUCHER APPLICATION

Follow all directions and answer each question completely, to the best of your ability.

Do NOT sign application certification until all information is complete (see "check list" at end of form).

Mail completed and signed application to:
AzETV Coordinator (per instructions) OR
ILP Coordinator

1818 E. Southern Rd.
Suite 17B
Mesa, AZ 85204
Tel: (480) 545-1901 ext.2042

FOR OFFICE USE ONLY

Date Application
Received: _____

Total Amount Granted:

Date(s) /Amount Disbursed:

Please check one:

___New Application (first time applying for **Education/Training Voucher**)

___Renewal Application (**shaded areas only** for continuing voucher recipient unless information has changed.)

APPLICANT INFORMATION

Name: (please include maiden name if married)

DOB: (MM/DD/YY)

SS#

Current Address: (Include separate mailing address, if different)

Phone No.

Email address:

Foster Care Status: (includes youth in foster or relative care, group homes, IL subsidy, etc.)

Currently a ward of Arizona ☐

Formerly a ward of Arizona ☐

Currently/Formerly in other State ☐
or Tribal system

Name of State or Tribe: _____

Contact Name/#: _____

(For statistical use only)

Were you adopted from
foster care?

☐ No ☐ Yes Age adopted: ____

Gender ☐ Male ☐ Female

Ethnicity (check all that apply)

☐ Hispanic ☐ African American
☐ Caucasian ☐ Native American
☐ Asian ☐ Other:

EDUCATION AND TRAINING

High School/GED

Date: _____
HS Diploma ☐
GED ☐

Currently
enrolled ☐

Not currently
enrolled ☐

Last Grade completed:

☐ 8th or below
☐ 9th ☐ 10th
☐ 11th ☐ 12th

☐ Post-secondary /
Other: _____

Vocational, Trade or
other program:

Degree or Diploma
and date received:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PROPOSED SCHOOL/PROGRAM INFORMATION

Name and description of School/Program: _____

☐ University ☐ College ☐ Community College ☐ Voc/Tech School less than 1 year
☐ Other (Specify): _____ ☐ Voc/Tech School greater than 1 year

Course of Study (medical, accounting, nursing, biology, general, etc.)

Please state your specific education/vocational training goal (e.g. My goal is to earn my massage certification and become employed at a local resort or spa).

| | | |
|---|---|--|
| Proposed Start Date: _____ Proposed Completion Date: _____ | Attendance <input type="checkbox"/> Part Time # credits/hrs. _____ <input type="checkbox"/> Full Time # credits/hrs. _____ <input type="checkbox"/> Other # credits/hrs. _____ | Have you been accepted? (If yes, attach letter of acceptance) <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|

Financial Aid Officer (or other school contact): _____ Phone No. _____

Applicant is applying for voucher/assistance for: (mark all that apply)

☐ For Fall ☐ For Spring ☐ For Summer ☐ Other (please explain your program.)

FINANCIAL INFORMATION

| Expenses | Please note living expenses per month | A. TOTAL COST OF ATTENDANCE | |
|-----------------------------------|---------------------------------------|---------------------------------|----|
| EDUCATION RELATED | | Total Education Related (term) | \$ |
| Tuition | \$ | Total Living Expenses (term) | \$ |
| Fees | \$ | Total Cost of Attendance | \$ |
| Books | \$ | | |
| Computer/Printer (\$1500.00 max.) | \$ | | |
| Supplies/Software | \$ | | |
| Other | \$ | | |
| Other | \$ | INCOME | |
| Total per term | \$ | Pell Grant | |
| | | AFFCF Scholarship | \$ |
| | | Student Loans | \$ |
| LIVING EXPENSES | | ILSP | \$ |
| Transportation | | Expected Earnings/Work (per mo) | |
| Rent | | SSI/SSA | \$ |
| Food | | Other funds (include source) | \$ |
| Utilities | | Total Income | \$ |
| Child Care | | | |
| Phone | | TOTAL ETV REQUEST | |
| Cable/Internet | \$ | Total Cost of Attendance | \$ |
| Clothing | \$ | (Minus) Total Income | \$ |
| Personal Care | \$ | (Equals) Total Need | \$ |
| Other (specify) | \$ | Total ETV Approved | \$ |
| Other (specify) | \$ | | |
| Total per month | \$ | Date Needed | |
| Total per term | \$ | | |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Please note any barriers to your completion of, or enrollment in, a postsecondary program:

- | | | |
|---|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Employment | <input type="checkbox"/> Preparation/Organization |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Mentor Support | <input type="checkbox"/> Mental Health Needs |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Special Education Needs | |
| <input type="checkbox"/> Other (Please be specific) _____ | | |

Comments: _____

#4 Mentors

Are you currently involved with a mentor? ☐ Yes ☐ No

Would you like to become involved with a mentor? ☐ Yes ☐ No (If you mark "yes", the AzETV Coordinator will contact you to discuss currently available resources and assist you to make arrangements to become involved in a mentor program.)

#6 VERIFICATION

I HEREBY CERTIFY that I will use the Education and Training Voucher funds only for expenses outlined in this application, and accept responsibility to participate fully in my educational program.

I AGREE to provide copies of grade reports, attendance records or other documentation as requested, as documentation of my progress in my program.

I UNDERSTAND that any misuse of funds, or lack of progress in my education program may result in termination of funding through this program.

I HEREBY CERTIFY that I am in need of financial assistance to continue my education. I affirm that I have fully read and completed the voucher application. I affirm the correctness of the foregoing answers and information provided on this application and supporting documents. If my financial conditions change from that stated in this application, I will promptly inform the AzETV Coordinator.

Your Signature

Date

DID YOU REMEMBER:

CHECK LIST NEW: Documents Needed to Complete NEW Application (for new applicants)

- ☐ Completed ETV Application (this form)
- ☐ If currently enrolled in proposed school/program, copy of most recent transcript
- ☐ Copy of FAFSA (Free Application For Federal Student Aid) or summary report
- ☐ Copy of acceptance letter into proposed school/program
- ☐ Information on proposed course of study/school/program

CHECK LIST RENEW: Documents Needed to Complete RENEWAL Application (for continuing applicants)

- ☐ Completed ETV Application (this form)
- ☐ A copy of your most recent transcript (unofficial is O.K.)
- ☐ Any updated FAFSA report
- ☐ Verification of current education or training program registration

Optional Information to Include: Please attach all supplemental information you believe relevant to the consideration of your application

- ☐ High School or GED Diploma
- ☐ Transcripts (HS or GED)
- ☐ Other: Please feel free to attach any other information you believe appropriate